

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **63-022761**

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **317** Primary Registration District No. **541** Registrar's No. **1634**

FILED MAY 27 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton		c. CITY OR TOWN University City	
Length of stay in 1b 2 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		d. STREET ADDRESS (If outside, give location) 7449 Lynn Ave	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Albert Eugene Schulty		4. DATE OF DEATH Month May Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7/30/1903
9. AGE (last birthday) 59		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Burlington R. R.	
11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Eugene G. Schultz		13b. MOTHER'S MAIDEN NAME Magdalena Zeisset	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
No		16. SOCIAL SECURITY NO. 546	
17. INFORMANT Mrs. Eugene G. Schultz		Address 7449 Lynn Ave (30)	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post operative status - peritonitis		54 hrs
DUE TO (c) Carcinoma of esophagus		6 mos.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from **5-6-63** to **5-19-63** and last saw him alive on **5-19-63**
Death occurred at **10:10 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert J. Homan M.D.</i>	22b. ADDRESS 601 S. Brentwood, Clayton, Mo	22c. DATE SIGNED 5/20/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 21, 1963	23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo
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24. FUNERAL DIRECTOR Alexander & Sons	ADDRESS 6175 Delmar Blvd	25. DATE RECD. BY LOCAL REG. 5-20-63	26. REGISTRAR'S SIGNATURE <i>John B. Murphy M.D.</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vernon C. Vedder

Licensed Embalmer No. 5031

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.